Information and Consent - Temporary Absence from Long Term Care

In response to COVID-19, the British Columbia Ministry of Health has created flexibility in the policy on Temporary Absences from Long Term Care (LTC). This change allows residents to leave their LTC home for a maximum of 90 days in a calendar year.

During this absence from long-term care residents will maintain their bed for the duration of their absence and will continue to pay for their fees while absent from the care home.

If the situation changes and a vacant bed is urgently needed to address unanticipated capacity issues related to COVID-19 you will be advised of this need and any changes to the readmission plan will be developed in consultation with the you and your family. This may include waiving the fee if the bed is utilized along with a priority readmission process.

Considering these changes to existing practices, I am aware and agree that I/my family member may be unable to return to the LTC home if:

- the LTC home is under outbreak protocol and closed to admissions
- I/my family member has been exposed to COVID-19 or is exhibiting symptoms

I understand that should any of these circumstances arise, I/my family member may be required to wait for an undetermined and possibly lengthy period for readmission into LTC, and that readmission may not be to the home that I/my family member lived in previously.

Additionally, I understand that due to current demand from existing clients in the community, home and community care services, including home support, may not be available for residents being removed temporarily from LTC, and if available may have an associated cost in alignment with client rate policy. I also understand that I will be required to have a doctor or nurse practitioner available in the community to support my loved one while they are absent from the care home. I have a sufficient support plan in place to ensure that my/my family member’s needs for personal care, medication, nutrition etc. can be met appropriately during their temporary absence from LTC.

__________________________  ____________________________
Resident Signature          Family Member Signature
__________________________  ____________________________
Print Name                  Print Name
__________________________  ____________________________
Date                       Date